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|   | HENDERSON, FA   | <sup>5/2007</sup><br>ARABOW, GARR   |   | Com  | tificata                 | of Moiling or Trops                         | mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below. |
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| APPLICATION NO. FILING DATE   |   |   | FIRST NAMED INVENTOR                                      |  | ATTORNEY DOCKET NO. CONF |   | CONFIRMATION NO.  |
| 09/664,403 09/18/2000 Ross H. Cornell 05997.0019-00 4008  |   |   |   |  |                          |   | 4008  |
| FITLE OF INVENTION  | : DATA PROCESSING   | SYSTEMS AND METH  | OD FOR CREATING EFF                                       | FICIENT FLOATE                                   | R CLAS                   | SSES  |   |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE                                       | PREV. PAID ISSUI                                 | E FEE                    | TOTAL FEE(S) DUE                            | DATE DUE  |
| nonprovisional  | NO  | . \$1440  | \$0   | \$0 \$1440<br>11/30/2007 REONDAF2 00033121 09664 |                          |   | 01/15/2008<br>3 <b>664</b> 4@ <b>3</b>  |
| EXAMINER  |   | ART UNIT  | CLASS-SUBCLASS  |  |                          |   | 1440. C3 OP   |
| PATEL, J  | AGDISH  | 3693  | 705-076000  | —J 01 FC:1531 1440.63 UP                         |                          |   |   |
| CFR 1.363).  Change of corresp Address form PTO/SE  "Fee Address" ind   | ence address or indication<br>ondence address (or Cha<br>3/122) attached.<br>ication (or "Fee Address<br>or more recent) attach | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Finnegan, Henderson,  Farabow, Garrett &  Dunner, LLP  3 |   |  |                          |   |   |
| PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG  | css an assignce is ident<br>h in 37 CFR 3.11. Comp<br>GNEE  |   | (B) RESIDENCE: (CITY                                      | atent. If an assign assignment.  and STATE OR C  |                          |   | ocument has been filed for  |
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| Authorized Signature Typed or printed name  | William J.  |   | n   | Registration N                                   | Io. <u>4</u>             |   | d by the LISPTO to process?   |
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